



“Life of the Case” Analysis

Placement Case Management

1. OUTCOMES

- ☐ Child Safety
- ☐ Child Permanency
- ☐ Child and Family Well-Being
- ☐ Appropriate Type, Level and Intensity of Services and Placement
- ☐ Active Family Participation

Placement Case Management begins if and when a child must be removed from his or her home to ensure the child's safety. This may happen in several different ways: a child may be removed immediately after Intake and Investigation, when Child Protective Services identifies a situation in the home that endangers the child. It may also happen after the Department of Child Services (DCS) has been involved with the child and family for some time, either through voluntary services, Informal Adjustments, or Service Referral Agreements.

If placement must be made immediately, as a result of a Child Protective Services (CPS) investigation, then the Family Case Manager (FCM) who will provide Placement Case Management services will likely receive the case directly from an Investigation worker. Specific information about the Intake and Investigation is given to the FCM by the Intake worker, and Placement Case Management services begin. Sessions with Indiana's Subject Matter Experts (SME) indicate that this handoff is not clearly defined, and practice, as well as the materials handed off to the FCM, vary significantly by county.

If placement is made after prior DCS involvement with the family, the FCM of record will likely continue to manage the Placement case. In this situation, there is no handoff, but the FCM will embark upon several new activities that were not required during the In-Home Case Management phase in the life of the case.

No matter when or how the decision is made that placement is necessary, court involvement is required to determine that the case should become an Out-Of-Home Child In Need of Services (CHINS) case. Court involvement continues throughout the Placement Case Management phase in the life of the case. In addition to these court requirements, FCMs must manage a case to achieve the following outcomes:

Child Safety

Safety of the child is paramount throughout the duration of the case whether the child is maintained in his/her home or in an approved placement setting. The evaluation of a child's safety is an ongoing activity in Indiana that begins at the first contact and continues during the life of the case.

The Child and Family Service Review (CFSR) standards require less than 0.57 percent of children in foster care to experience maltreatment and less than 6.1 percent of children in the child welfare system to experience a second confirmed report of maltreatment. The Indiana CFSR Program Improvement Plan (PIP) showed for children in foster care experiencing maltreatment in placement at a base rate of 7.8 percent and set a goal to achieve a goal of 6.9 percent by August 1, 2004. To achieve this goal, focus was placed on training child welfare workers throughout the state on safety plans, concurrent planning, and family rights. In addition, the safety, risk, and needs assessment tool was to be



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revised. Changes were also made to the Quality Assurance Review process to include more safety items.

Indiana's PIP also established a goal to bring the State closer to national averages relating to foster care re-entry. When the PIP was written, Indiana's recidivism rate was 13.8 percent, compared to a national rate of 8.6 percent. The PIP goal was to bring Indiana to 11.9 percent by August 31, 2003, through safety and risk reassessment prior to reunification, and training for DCS staff.

Permanency for the Child

Permanency for a child means the child has a safe, stable, custodial environment in which to grow up, and a life-long relationship with a nurturing caregiver. Careful selection of supportive services and strategies to achieve permanency are crucial to this outcome, and should be coordinated not only with the foster parents and service providers, but the child's parents and family.

Indiana's policy manual relating to Case Management (Section 3) indicates that appropriate permanency goals include reunification, adoption, legal guardianship, or other long-term, permanent arrangement. Section 9 (Title IV-E Foster Care) indicates the same appropriate permanency goals, with the exception of the long-term, permanent arrangement. Section 9 instead says that the final acceptable permanency goal is placement with a fit and willing relative.

Participants in the workgroups indicated that the distinction between a permanency *goal* and a permanency *plan* is not clear, and is not incorporated into practice. Permanency goals are those listed in the previous paragraph. A permanency plan is the step-by-step, detailed plan for how the permanency goal will be achieved. Without both, it is difficult to measure progress and outcomes relating to permanency.

Child and Family Well Being

Meeting the child and family well being needs is dependent upon an accurate assessment of the family's strengths and needs. The FCM must build on the information obtained by the CPS Investigator to determine the parent's capacity to provide for the child, determine the special needs of the child and the services and/or strategies that will empower the family to make the needed changes for the family to nurture and protect the child without indefinite DCS involvement.

In reaching the goal of overall well being for the child, it is important to ensure that each child's basic physical, social, educational and spiritual needs are being met. Each child should be provided the opportunities to enable him to reach his greatest potential.

Appropriate Type, Level and Intensity of Services and Placement

In meeting the safety needs of the child, the well being needs of the child and family and achieving appropriate and sustainable permanency for the child, the FCM must have the tools and supports necessary to identify the type of services and placement required as well as the level and intensity of those services. According to the SMEs, FCMs make service and placement decisions based mainly upon their experience and professional judgments. Currently, though, there are limited criteria and decision support tools for DCS staff in assessing the service and placement needs. Strengthened decisions support tools are required to support staff in providing effective services to children and families and the appropriate level placement for children when required.



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Active Family Participation

Even when children are placed outside of their homes, involvement of the family unit in the case planning and service delivery is crucial to a child's healthy development. It is also vitally important to the family's understanding of the issues, their involvement in identifying strengths and needs, and their active participation in making the changes necessary to provide for the safety and well being of their children. Indiana included child and family participation as a goal in its PIP, by instituting formal case planning conferences and increasing training for workers.

Case planning and management as well as the delivery of services must always be done in a manner respectful of the family. In order to effectively accomplish this effort, DCS staff and direct service providers must have the time and the skills to form the relationship necessary with the family to build trust and share decision making. This process also includes a focus on accountability for the family as well as fostering and celebrating positive behavioral changes. Strengthening decision support tools and providing guidance for FCMs in making placement and service decisions will enhance their ability to include families in crucial decision making concerning their children.

Summary

According to the SMEs, Indiana child welfare workers are aware of and agree upon the desired outcomes of the Placement Case Management phase of the life of the case. They also agree that workers need more guidance and tools in order to effectively manage Placement cases, and to facilitate permanency in whatever form it takes, for Indiana's children.

2. CRITERIA

- ☐ Allegation Findings
- ☐ Safety Factors
- ☐ Risk Factors
- ☐ Child's Capacity and Needs
- ☐ Parent's Capacity and Needs

The FCM has monumental responsibility for guiding the child and family through the maze of the child welfare system towards the ultimate goal of safety for the child in a permanent living situation that can nurture the child's fullest potential. To do this, the FCM must:

1. Be familiar with the circumstances that brought the family to DCS attention.
2. Be vigilant regarding the child's safety.
3. Assess accurately the capacity and needs of the child and the capacity and willingness of the parent(s) to provide for those needs.
4. Identify the appropriate type, level and intensity of services for the family and child, and placement for the child.
5. Provide a clear and specific plan of action (Case Plan) linked to the reasons for DCS involvement (Safety and Risk); strengths and needs of the family; and the actions and services essential to achieve positive outcomes.
6. Monitor the Case Plan and the effectiveness of the services provided, either directly or through purchased services, to reach those goals.



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Allegation Findings

The FCM needs to have a clear understanding of the incidents and findings surrounding the allegations and the removal of the child from his or her home. In addition to the specific details of the allegations, The FCM must be familiar with:

1. Risk and safety considerations of the child (in home and in placement).
2. Placement and services needs of the child.
3. Nature and scope of the child abuse/neglect incident resulting in removal of the child from the home.
4. Any prior DCS involvement with the family.
5. Family composition and dynamics.
6. Family support system.
7. Strengths and needs of the family.
8. Other agencies that may be involved with the family such as law enforcement, the court, or community service.

All of these areas inform the FCM in making decisions relating to the development of the Case Plan and the appropriate type, level, and intensity of placement services for a child, and appropriate services for families.

Risk and Safety Factors

FCMs should assess the child's safety at every contact with the child, parents, placement resource and collaterals. When considering the safety of the child it is necessary to consider not only the immediate threat (which is eliminated by the placement of the child) but also the likelihood that the maltreatment would reoccur in the future, should the child be returned home. As noted above, Indiana's PIP identified safety and risk evaluation before reunification as a goal. Currently, there are clear guidelines established for the Investigation phase of the life of the case, but other than the requirement to conduct a reassessment before reunification, there is no clear requirement for conducting reassessments during the life of the case after the Investigation phase.

Meeting the needs of the child and providing for the safety of the child in a placement resource is paramount in considering placement options. Diligent efforts are made first to identify, evaluate and consider relatives for placement, consistent with child safety and well-being needs. When a relative placement is not a viable alternative, other settings need to be considered that are best aligned with the capacity and needs of the child. Close monitoring of the child in placement and provision of services to support the child in placement are directed toward the achievement of safety, well being and permanency outcomes.

Child's Capacity and Needs

All children are entitled to have their physical, emotional, social and educational needs met to enable them to reach the fullness of their potential. The early identification of needs in these areas is critical in the selection of appropriate supportive services while the child is in the care of DCS. Children with behavioral or emotional problems often place stress on the family unit resulting in child maltreatment. Determining appropriate rehabilitative, non-rehabilitative, preventative health services, educational support as well as enrichment activities that will enhance and support the child's self image and culture is important to the child's overall well-being.



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In making placement decisions, policy dictates that FCMs are to seek:

1. The most normal family-like setting appropriate to meet the strengths and needs of the child.
2. Placement is in close proximity to the child's home.
3. Placement will permit the child and siblings to stay together or maintain connection if separation is required.

In addition, placement decisions must take into consideration the federal Multi-Ethnic Placement Act (MEPA) and Inter-Ethnic Placement Act (IEPA) provisions as well as compliance with the Indian Child Welfare Act (ICWA). These federal requirements are mentioned in policy briefly, but there is no written policy relating to how FCMs should actually incorporate them into their decision making process. Given Indiana's stated concerns relating to minority dis-proportionality in the child welfare system, these criteria should be clearly stated and supported with training and decision tools.

In Indiana, "regular" foster care placements, or those for children who do not require intensive therapeutic placement, are made through the county office, into a county-licensed foster home. Children who need more intensive care are placed through Licensed Child Placing Agencies (LCPA), into therapeutic foster homes or other settings to meet their needs. SMEs indicated that there are few, if any, guidelines to assist FCMs in making the decision about the most appropriate placement setting.

Parent's Capacity and Needs

Engaging the parent and building a trusting relationship empowers the parent to be an active participant in the process by which service decisions are made. Evidence-based practice show that a family is more invested in a plan when they are partners in the decision making process. When the expectations are clearly defined and the family is encouraged to build on its own strengths as well as developing a strong support system, a foundation for change is established to support the family in enhancing its ability to provide for the safety and well being of the child.

FCMs should determine if and how the parents should be involved in the placement decision, and after placement, the appropriate visitation plan, services, and permanency goal. Involving the parents in the Placement Case Management phase of the life of the case supports the permanency goal, whether that goal is reunification or another long-term permanent placement option.

Summary

Decisions of the magnitude that occur in the Placement Case Management stage of the life of the case should be supported by clear guidelines, user-friendly tools, a clear and specific Case Plan, and close supervision. SMEs indicate that often, these supports are replaced by "professional judgments." Although Indiana's FCMs and supervisors aim to fulfill all the requirements of Case Management in placement cases, the size of their caseloads, the complexity of the family situations and needs they face, and the lack of tools indicates that professional judgment may not always be enough to ensure the safety, well-being and permanency of Indiana's children.



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3. ACTIVITIES

- ☐ Handoff from Investigation/Case Transfer
- ☐ Gather and Organize Appropriate Information
- ☐ Analyze Information Against Criteria
- ☐ Make Placement and Services Decisions
- ☐ Court Process: CHINS petition
- ☐ Court Process: Review Hearings and Permanency Hearings
- ☐ Supervisory Review and Quality Assurance
- ☐ Documentation
- ☐ Case Closure

Handoff from Investigation/Case Transfer

As noted above, removal from the home and placement of a child may occur at multiple stages in the life of the case. A child may be known to DCS, and may be receiving services for some time before a removal and placement decision is made. In this situation, the FCM responsible for the In-Home Case Management will likely continue managing the case, and no “handoff” will be required. However, if a removal decision is made by the Investigation worker for a child not currently receiving services from DCS, a handoff will occur. This handoff may occur after the child’s removal, at some stage in the court process (if an emergency removal), or may occur as soon as it is clear that the child will remain in placement, and Placement Case Management services will be required.

Assuming an actual handoff does occur, there is currently no standard process or policy relating to the handoff itself. SMEs indicated that all information collected in the Intake and Investigation stages of the life of the case should be passed on to the Placement Case Management FCM; however, the specific documents and information are not dictated by policy. In addition, no face-to-face meeting is explicitly required, although SMEs indicated that this practice does occur in many counties.

The handoff is initiated at the supervisory level; the Investigation Supervisor assigns the case to an FCM supervisor, who then assigns it to an FCM. Assignments are determined by many factors, which differ by county, including workload, expertise, and court schedule. Policy is moot on the timeframe in which the case is to be assigned to a worker by the supervisor, which sometimes results in cases that are in reality “uncovered,” although the case is technically assigned to a supervisor: no FCM is actively working the case during this time period.

Gather and Organize Appropriate Information

When assigned a new case, FCMs should review the transfer packet, including the Intake and Investigation results, the FPP 310 and 311 forms, and the Case History Report details. At this point, contact with the family should be initiated. SMEs indicated that there are multiple formats in which the family can be engaged. Some counties use family team meetings, while others use group conferences or individual contact. After making contact, FCMs should collect additional documentation and demographic information as necessary. They should begin the required Genogram, which by policy must be completed within 30 days of the CHINS adjudication. Note that SMEs indicated that the Genogram, although a useful tool, is not always completed because it is seen as an unnecessary step in the case management process.

In addition, FCMs should initiate the evaluations of family functioning and the child’s mental health. Policy is moot on the family functioning evaluation, even though it is a primary area of focus for the CFSR PIP. The Mental Health Screening Tool (based on the California model) in ICWIS is used, and must be completed within 7-10 days of the CHINS petition filing. The FCM completes the screening, and



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forwards on to the mental health partners for assessment. Screening must be done even if a full psychological evaluation has already been performed on the child. SMEs also indicated a general feeling that the tool must be repeated until it “comes back positive.” In reality, the tool must be re-applied until a finding is made, positive or negative.

At this stage, the FCM should also collect all information for the Title IV-E and other eligibility determinations, complete the necessary determinations, and update the eligibility module in ICWIS. Please see the Title IV-E Analysis Report for more details on this process.

Analyze Information Against Criteria

All of the information gathered in the previous step must be analyzed to determine the appropriate type, level, and intensity of both services and placements for the child. A child must be evaluated to determine whether he or she has special needs requiring specific types of placements, and specific services. The specific details of the allegations against the parents must be considered, as must the child’s age, capacities and abilities, and needs in developing the permanency goal the writing the permanency plan. The safety and risk assessments must also be reviewed as the permanency goal and permanency plan are written. The parents’ capacities and abilities are crucial to the development of the case plan, permanency goal, and permanency plan.

SMEs indicated that there are no clear guidelines to assist FCMs in the analysis of the various factors that ultimately lead to crucial decisions about the management of a placement case. Experience and professional judgment, and that of their colleagues and supervisors, are currently an FCM’s best ally in the management of placement cases.

Making a Decision

After consideration of the facts and criteria discussed above, FCMs must make key decisions relating to removal, placements, case planning, permanency, and services for the child and family.

Removal

Although a child may actually be removed from the home at various points in the life of the case, care should always be taken to prepare the child for removal. Adequate preparation reduces trauma to the child and family, and may facilitate the entire placement process if negativity and trauma are minimized. Policy provides guidelines for both emergency and non-emergency removals, but there are no tools or guides to assist FCMs in meeting those guidelines. SMEs indicated that often, “preparation” for removal may include little more than telling the child to gather his or her belongings. SMEs see removal preparation as a luxury, rather than a standard step in the placement process.

Placement

In making placement decisions, FCMs must decide whether a child is to be placed into a county foster home or via an LCPA. If the child is to be placed in a restrictive setting, policy dictates that Local Coordinating Committees (LCC) be involved in that decision. However, SMEs indicated that LCCs are rarely used, and it is unclear whether their involvement is still required.

Children with special needs, requiring therapeutic or institutional placements, are placed through LCPAs. However, there are not tools other than a checklist in ICWIS of “potential” special needs, to assist FCMs in making decisions about this area. Once the decision is made to place through an LCPA, there is no policy detailing how the transfer of placement responsibility is to be made. Policy does provide guidance for the establishment of an agreement between the FCM and the provider agency regarding the purpose, frequency, timelines, communication, and risk action plan for the case. This



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agreement can be part of the case plan, county contract for services, individual contract for services, or a memorandum of understanding between the FCM and the provider. There is currently no master contract format required in policy dictating the terms of the relationship with the provider agency.

If a child is to be placed in a county foster home, FCMs must analyze the information collected by Intake and Investigation workers and through contact with the family, and determine the best placement option for the child. There are clear guidelines in policy relating to this process. First, FCMs must determine if suitable relative placements exist. If so, the relatives must be consulted and agree to the placement. After background checks and additional information collection are completed, the FCM visits the home and determines if the placement is suitable. If so, the FCM should inform the family of the option of becoming licensed. If not, another suitable placement should be considered.

If a relative placement is not available, the FCM should research any previous placements and determine if the previous foster home may be a good option for the current placement. FCMs must also consider whether siblings are in placement, as policy dictates that siblings are to be kept together whenever possible. If a suitable placement is located, FCMs must determine whether the placement is licensed, and if so, the supervisor should approve the placement decision. This process continues until a suitable, licensed placement is located and the placement is approved by the supervisor and the LCC, if necessary.

SMEs indicated one area of concern is the lack of access to placement resources in other counties. Some counties have a limited number of “regular” foster homes, and if a suitable home is not available in-county, they should be able to research suitable “regular” foster homes in surrounding counties. SMEs indicated they are not currently able to do this.

Case Planning and Services

Policy requires that the Case Plan (FPP 2956) be completed no later than 45 days from the child’s removal or disposition, whichever occurs first. FCMs are mandated by policy to work together with the parents to develop the objectives and activities of the case plan; however, policy does not specify that the child himself must be involved in the planning process (although there is a signature line for the child, written policy does not state this requirement). This is another area where professional judgment and experience act as the main decision making support tools. Supervisors must approve the Case Plan in ICWIS (although there is no written policy clearly stating approval is required), and internal case staffings assist FCMs in decision making; however, no clear guidelines and tools exist to assist in the development process.

One key component of good case planning is establishing a permanency goal, and a plan to achieve that goal. The current version of the case plan document contains only a permanency plan; there is no place to identify the actual goal itself. This is a crucial omission because all parties must understand the goal before they can effectively implement a plan. The difference was unclear to the SMEs; however, after some discussion, they agreed that the omission of the goal itself was an important issue.

FCMs must mobilize services for the child and family. This can happen at any stage in the life of the case if a child or family requires immediate services to mitigate specific circumstances; however, services while the child is in placement are often mobilized at this stage, after the case plan is completed. Once mobilized, information must be given to the providers to ensure referral readiness. ICWIS has the capability to record services for both Family Preservation and Family Support, but the SMEs and ICWIS staff indicate that this functionality is rarely used. Again, support tools for service decisions, and mandated transfer packets for providers and not specified in policy.

It will be important for IN DCS to require a clear and specific case plan for all cases and to enhance the Case Plan process and tool to include an evidence-based approach to identify:

- ☐ Child and family strengths and needs



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- ☐ The relationship of those strengths and needs to Case Plan Goals
- ☐ Specific actions essential to build on the identified strengths to address needs and provide for the safety of the child; the well-being of the child and family; and permanency for the child
- ☐ FCM, parent and other providers responsibilities in implementing actions
- ☐ Timelines for accomplishing the identified Case Plan Actions

A case planning tool such as NCFAS can provide a “common lens” for all involved in the case to clearly see the reasons for DCS involvement, the strengths and needs of the family and the actions and services essential to achieve child safety, child and family well being and appropriate permanency for the child.

Throughout the placement episode, FCMs must monitor compliance with court orders, Case Plans, permanency goals, and visitation goals. They must also monitor service providers, meet with the child at least every 60 days, and record all contacts and progress notes. Policy specifies that notes must be recorded in ICWIS within 45 days of occurrence, and ICWIS freezes these entries so they may not be changed after 30 days of entry. SMEs stated that this function of ICWIS was used for compliance purposes and not to guide the work of FCMs in managing a placement case. Other than these ICWIS guidelines, policy does not specify or provide support tools to FCMs in the monitoring phase.

Court Process: CHINS Petition

Although a child may already be adjudicated CHINS, either In-Home or Out-Of-Home, by the time an FCM is assigned to the case, there are times when the FCM will be responsible for filing the CHINS petition and following through on the court process. In this situation, the FCM, in conjunction with the county attorney, will file the CHINS petition. At the same time, the FCM will make efforts to locate the non-custodial or absent parent, and will document the efforts that are made to do so.

Once the petition is filed, the court will either deny the petition, in which case the FCM may re-file at a later date, or will set a time for the initial hearing. Policy states that FCMs are to enter hearing information into ICWIS at this time, but according to the SMEs, practice is that only the hearing information necessary for AFCARS and Title IV-E compliance are completed on a regular basis.

Initial Hearing

The purpose of the initial hearing is to inform the parties of the allegations, determine if a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) is required, and determine the types of hearings that will follow. If the parents do not admit to the allegations, a Fact Finding Hearing will be the next stage of the court process. If they do admit to the allegations, the next step is a dispositional hearing. In practice, all three types of hearings may occur on the same day.

Hearing details must be entered into ICWIS. SMEs indicate that this is done primarily to comply with Title IV-E and AFCARS policy requirements and that only the specific fields required for those purposes are generally completed.

Fact-Finding Hearing

Fact-Finding hearings are meant to provide the courts with the necessary information to make a decision about the facts of the case. At this hearing, the court will make a decision about the status of the child, and to what extent government should continue to be involved with the family. All parties may participate in this hearing, including witnesses, friends, and relatives.



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If at the Fact-Finding hearing, the court finds that there is not reason to take the child into State custody, the child will return home (if in custody) and the worker must close the case. Voluntary services or other court ordered services may be offered to the family.

Hearing details must be entered into ICWIS. SMEs indicate that this is done primarily to comply with Title IV-E and AFCARS policy requirements and that only the specific fields required for those purposes are generally completed.

Dispositional Hearing

Once the facts of the case are determined and the court adjudication is made, the next step is the dispositional hearing, where the court may order out-of-home placement. As part of the dispositional hearing process, the FCM or county attorney must file a petition for parental participation. This requires the completion of a Case Plan, a copy of which must be sent to the parents within 10 days of completion. In addition, FCM or county attorney must complete the Pre-dispositional Report, the Case Plan, and the Reasonable Efforts Checklist. Some counties use additional documents, as required by the court. SMEs indicated that the courts vary widely as to what documents are required, and that there is no standard for formats or content of court reports. Although there are model court forms and orders in the Juvenile Judge's Benchbook, there is no policy mandate that they must be used.

If the court does not order out of home placement, alternative services or dispositions may be ordered. If not, FCMs must close the case. No matter the outcome of the dispositional hearing, hearing details must be entered into ICWIS. SMEs indicate that this is done primarily to comply with Title IV-E and AFCARS policy requirements and that only the specific fields required for those purposes are generally completed.

Court Process: Review and Permanency Hearings

Indiana policy states that review hearings must be held at least once every 180 days from the date of placement or disposition, whichever comes first. Modification hearings may be held anytime there is a significant change to the case plan. Permanency Hearings must be held at least annually from the date of disposition or placement. The steps for the Permanency Hearing are identical to those for the Review Hearing. There are several policy-mandated steps involved in the preparation each.

Draft policy in the Safety and Risk Assessment Policy Manual (not yet issued) states that risk, strengths and needs must be reassessed before every review hearing. The risk reassessment is required 180 days after the date of removal for placement cases, whenever there are significant changes in the case, and within 30 days of case closure. The strength and needs reassessment is conducted five days after the completion of the risk reassessment, although SMEs indicated that both practice and formal training recommend completing both steps at the same time. FCMs are able to override existing assessments with supervisory involvement.

Case conferences must be completed before documents can be prepared for the review hearing. These conferences, sometimes called reunification hearings, can involve everyone involved in the case. Policy states that the case plan, reasonable efforts checklist, and a progress report be prepared for the court after the case conference. Practice varies, with some counties revising the actual case plan, and others completing a court-specific progress report.

The FCM must notify parents, guardians, the child, CASA, GAL, and other involved parties five days prior to the hearing date. ICWIS should be updated to reflect the hearing being set; however, practice is that most FCMs update ICWIS only after the hearing, and that they only complete the AFCARS and Title IV-E requirements.

At the hearing, the court will rule on the progress of the case. The FCM and county attorney will present their position on whether a reunification plan has been achieved, reasonable efforts towards permanency have been made, and if the parents are working toward reunification. If the court agrees that



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the reunification plan has been achieved, then the child may be returned home. Policy states that all children who return home do so under a 6-month trial home visit, which may be extended by the court. Although Trial Home Visits are not required if all assessed needs have been met, the child is age 18 and does not want to remain under the State's care, parental rights have been terminated (TPR), assisted guardianship has been established, or the child has been referred to long-term care, in practice, most reunifications do occur under a Trial Home Visit. FCMs must have weekly contact with the child and parents during the first month, and from that point on, contact is dictated by the results of the risk reassessment. If the Trial Home Visit is successful or one is not ordered, the family may be offered services, until such time as the court sees fit to close the case.

If the court rules that reasonable efforts towards permanency have not been made, the child will remain in foster care, and the court will require a revised case plan be developed. This will require another review hearing, with all of the preparatory steps.

If the court rules that the parents are not making acceptable efforts toward reunification, it may move for TPR. To satisfy conditions of the federal Adoption and Safe Families Act, TPR must be sought if the child has been in substitute care for 15 out of the last 22 months. TPR will also be sought if circumstances indicate that reunification is no longer a reasonable permanency plan.

Supervisory Review and Quality Assurance

Supervisory review is required by policy at specific steps in the Placement Case Management phase of the life of the case. FCMs may not file a CHINS petition without supervisory approval, which is often verbal. In practice and in ICWIS, placement choices must also be approved by the supervisor before the child can actually be placed, however, written policy does not state this supervisory requirement. Local Coordinating Committees, if still required, provide an additional level of Quality Assurance, but according to the SMEs, LCCs are not used consistently throughout the state.

The supervisor must approve the case plan in ICWIS, but policy does not specify this approval requirement. There is also no written policy relating to the provision of services, including the decision about what services to provide, and the contracting process.

Supervisors must also approve and provide the override when a risk assessment is altered, but the decision to complete a "new" risk assessment does not require supervisory involvement. In addition, there is no written policy detailing the supervisory role in the preparation for review or permanency hearings other than the risk assessment.

Generally, the SMEs indicated that the staffing process, which involves group discussion with other FCMs and supervisors, fills the void left by lack of written policy relating to supervisory review of the decisions made during the Placement Case Management phase of the case. Regular staffings allow FCMs to obtain input from others, and to obtain supervisory approval in that forum for specific decisions. The staffing process serves a very valuable purpose; however, written policy detailing the formal requirements for supervisory review, including support tools for supervisors to conduct their reviews, would enhance the benefits of the staffing process.

Handoff / Case Transfer

As noted earlier, sometimes the FCM begins Placement Case Management after the child and family have already been known to DCS. In this situation, there may not be a handoff or transfer, because the FCM managing the Placement case will be the same FCM who has already been providing services to the family.

If the FCM receives a placement case from the Investigation phase of the life of the case, then there is an actual transfer, which happens via the Supervisors from Investigation and Case Management; the Investigation supervisor will assign the case to an FCM supervisor, who will then transfer it to an FCM to provide Placement Case Management services. Policy does not specify the information or documents



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that must be included in the transfer from Investigation to Placement Case Management. SMEs indicated that usually, everything collected by the Intake and Investigation workers will be given to the new FCM, including all information in ICWIS (available to the FCM once assigned the case), the hard copy FPP 310, and any notes, research, historical information, etc. Some SMEs indicated that they conduct a face-to-face discussion with the Investigator at hand-off, but this is not dictated in policy and is not a standard practice.

Documentation

FCMs are responsible for updating ICWIS at various stages of the case, including during and after all court hearings. ICWIS is updated with placement information, and the mental health screening, eligibility information, Case Plan (FPP 2956), and service information should also be updated in the appropriate sections of ICWIS. All contacts and progress notes must be updated in ICWIS within 30 days of occurrence. Placement is to be updated in ICWIS within 10 days of removal, to comply with policy and AFCARS requirements.

When risk, strengths and needs assessments are updated for review or permanency hearings, or for any other purpose, this is also done in ICWIS. Court hearings also require updates of the case plan, the reasonable efforts checklist, or other court-specific reports.

Other than ICWIS, currently available policy does not dictate what information must be kept in hard copy in the child's case file. Section 11 of the Child Welfare Policy manual does contain a model case file, but this section is not currently available on the State's website, and practice shows that all counties maintain case files in different formats. SMEs suggested that ICWIS report screens be revised so that they may be easily printed, eliminating the need to maintain separate hard-copy versions of reports that are stored in the system.

Case Closure

Although SMEs were able to articulate case closure procedures very clearly, the policy manual does not provide explicit instructions on this process. Administrative Letter DFC-04-10 (August 2, 2004) does detail the requirement to submit a rationale for case closure to the juvenile court of jurisdiction, along with a detailed outline of what circumstances have changed allowing the child to return home. However, this policy has not been incorporated into the written manual. According to the SMEs, case closure requires the following steps:

- ☐ Re-assessment of risk and needs must be completed within 30 days prior to case closure and recorded in ICWIS.
- ☐ Document in ICWIS end-date of case type.
- ☐ Forward to supervisor for approval in ICWIS.
- ☐ Archive physical file.
- ☐ Some counties conduct internal staffing and/or family case conferencing.
- ☐ If more than one child in family is identified with an ICWIS "case type" – cannot close case until all case types are closed in ICWIS.

In Administrative Letter DFC-03-11, the Department fell short of actually stating that all children who return home should do so under a Trial Home Visit (THV), but the letter does explain that placing the child in THV status allows the opportunity to more closely monitor the child's situation. SMEs indicated that their understanding of this policy is that ALL children returning home should be considered in THV status for the first 180 days, with the opportunity for extension by court order. This policy is clearly aimed



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at increasing federal revenue from Title IV-E, however, there are significant legal questions that should be considered by DCS. If all conditions placed on the family have been met, and there is no legal reason to maintain placement and care responsibility for the child, it may be problematic to continue oversight on a non-voluntary basis.

Summary

Indiana's FCMs rely heavily on professional judgment, experience, and informal lines of communication through case staffings to make decisions about removal, placement, and case management. Policy does not dictate what information FCMs receive upon assignment of the case. Supervisory input is often verbal, is only formalized when signatures are required on forms or approval in ICWIS, and is not clearly defined in policy. Although supervisors and FCMs have ample opportunity to discuss cases in staffings, there are very few tools or guidelines to support decision making and approval. Courts require different types of reports prior to CHINS, Review, and Permanency hearings. Finally, the lack of a standardized case file format results in counties maintaining different information in their case files.

In general, lack of standardization of required documents, formal lines of supervisory approval and quality assurance, decision support tools for FCMs and supervisors, and standardized case file formats force FCMs to rely on professional judgment rather than policy and procedure in making key decisions relating to children in care.

4. DECISIONS

- ☐ Permanency Goal and Plan
- ☐ Placement of Child
- ☐ Type, Level and Intensity of Services

The critical outcomes of case management services are the safety of the child, the well being of the child and family and timely and appropriate permanency for the child. Three critical decisions must be considered in reaching these outcomes: the permanency goal, the placement of the child, and the level and intensity of the services to be provided.

Permanency Goal

ASFA has established expedited time frames to move children through the child welfare system into permanent living situations. A permanency goal must be set so that all parties can work together towards achieving that goal. The permanency goal is often confused with the permanency plan, and in fact, the current Indiana's Case Plan does not have a place for entering the permanency goal. In order to develop a plan, a goal must first be in place. The plan is then the specific steps that each person central to the case, including the child, parents, foster parents, etc. will take in order to reach the permanency goal.

Placement of the Child

FCMs must determine whether or not a child is safe in his or her home. If not, the FCM must initiate the removal of the child from the home. The removal decision is multi-faceted; the decision to remove is only the first decision. After removal, the child must be placed in an appropriate setting. It is critical that consideration of appropriate placement options be made before the child is removed, so that the child is not moved into multiple placements.



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By policy, children are to be placed in the least restrictive, most family-like setting available, based on their needs. In Indiana, children without specific special needs are placed in county-operated foster homes (or “regular” foster homes). Special needs children are placed in therapeutic foster homes, group homes, or institutions, depending on their particular needs. Special needs children are placed through Licensed Child Placing Agencies (LCPA), which are responsible for the placement, case management, and progress reporting for children they place. Unfortunately, FCMs are often limited by the types of resources available to them in each county. SMEs indicated that if there are no regular foster homes available, children may be placed in therapeutic homes.

According to the SMEs, placement decisions are generally made based on professional judgment and availability of foster homes. Decision support tools are not available to assist in the decision of the type and level of placement may be required to meet the child’s needs.. FCMs are limited by the number of beds available in their counties, and cannot always provide the most appropriate accommodation for a child. SMEs also indicated that information about foster homes in surrounding counties is not available to them, and that they do not generally utilize foster home resources outside of their own counties for regular foster home care.

Type, Level and Intensity of Services

It is possible that services for the family and child may have been implemented by the Investigator in a previous phase of the life of the case, before the case was transferred to an FCM for ongoing case management. If this is the case, the FCM may or may not have had input into the service decisions. SMEs indicated that it is best practice to involve the ongoing FCM in this type of scenario, because the Investigator and FCM may not agree on the best services to provide. However, SMEs indicated that this type of joint decision making is not standard procedure throughout the state.

If services are not in place, the FCM must determine what types of services to provide to the child and family, to ensure well-being and work towards permanency. Policy does not address the concept of referral readiness, or preparing both the child/family and the provider for services before they are implemented. Research shows that services have a greater impact when pre-service preparation, in the form of planning conferences or pre-referral consultation, is applied.

Local practice may require review and approval of services and funding. Approval may be required from the Supervisor, Director, or the Court. There is no formal policy addressing this issue, and ICWIS does not support referral for services (a form exists, but it is rarely used according to the SMEs).

Once services are instituted, FCMs must monitor compliance. Practice varies regarding the monitoring of LCPA or provider services, but there are no tools or guidelines to assist FCMs in determining whether or not the provider is meeting expectations. As noted earlier, services are contracted for differently in each county. Supervisors and staffings support FCMs in monitoring progress compliance, but this support is based on practice, not policy.

Summary

As in other phases in the life of the case, decisions in Placement Case Management are generally based on professional judgment and experience. Even when services are provided by contract, the terms and requirements of these contracts may vary, and FCMs are not provided tools to assist in the management of the provider relationship. Important decisions such as the permanency goal, placement, and services offered to a child and family should be supported by decision support tools, to ensure continuity and congruency of services offered throughout the life of the case.



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5. HAND-OFFS/CASE TRANSFER

- ☐ From FCM to Service Provider
- ☐ From FCM to FCM

The handoff from Investigation to Ongoing Case Management happens differently in every county. In some counties, there may not actually be a handoff, because the same worker may be responsible for both phases in the life of the case. If there is an actual handoff, however, the FCM responsible for Ongoing Case Management does not receive handoff information in a consistent manner. There is no standard case file format mandated in policy, and SMEs indicated that the Investigator will just handoff all information collected to date concerning the case. Because similar issues surrounding documentation and decision support arise in the Investigation phase, FCMs may or may not obtain the information needed to effectively manage the Placement case.

SMEs indicated that some counties conduct handoff meetings, or use joint planning when important case management decisions must be made at the Investigation phase. Although this is best practice, it is not universally applied throughout the state.

When contracting with service providers, whether LCPAs or others, FCMs are not supported by standard contracts or set requirements relating to the activities and documents to be provided by the contractor. Each case involves a separate agreement between the FCM and the contractor, and compliance is not universally measured, using the same set of requirements.

Finally, there is no process for ensuring referral readiness when services are to be provided by a contracted entity. FCMs do not have a list or set of requirements for information and/or meetings to be passed on or completed with the contractor before services are delivered. This practice reduces the probability that the service will be a success for the child and family.

Summary

Standard handoffs requirements, including case formats and documents, do not exist in policy. In addition, contractors are managed differently in each county. Because there is no clear set of standards, it is possible that DCS is not reaping the full potential value from its contractors, and children and families are being affected. Clarifying handoff requirements, case formats, and standardizing contracts would greatly reduce the burden on FCMs in monitoring compliance and progress, and would ensure maximum impact of contracted services.

6. RECOMMENDATIONS

Based upon the detailed Workflows that have been developed, and review of Indiana's laws, policies, and procedures, the following recommendations are offered.

Statute/Code

1. Workers should have access to and the ability to analyze and mobilize resources not just from their own counties, but from surrounding counties or regions.

Policy / Procedures

1. The term "permanency" is not a plan, but an outcome. Clarify in policy the terms "permanency goal" (i.e. reunification, adoption, etc), "permanency plan" (how you will achieve the permanency plan) and "reasonable efforts for permanency" (court states that the agency has taken appropriate steps toward achieving the permanency goal, unless reasonable efforts are not required for some reason).



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2. Permanency goals should be required to be identified in the Case Plan.
3. Policy requires that the child must sign case plan, but does not require actual child participation in development of plan – policy should require, if age appropriate that the child sign the case plan.
4. Establish Policy requiring supervisory approval of case plan – Note: ICWIS requires supervisory approval of case plan, but not in policy.
5. Promote the Statewide use of the model court forms, orders, and documents in the Judges' Bench Book. Inconsistency across the state may lead to inconsistent information received by the court, and loss of federal reimbursement due to federal requirements not being met consistently throughout the State.
6. Develop standardized method and policy for preparing a child for removal.
7. Currently in Policy Mental Health Screen is required for placement cases, SME's reported that it was also required for In-Home cases. DCS should clarify in policy and through training the requirements for Mental Health Screen including the consideration of eliminating the need for the required Mental Health Screen if the child is already receiving mental health services. FCMs indicated that this requirement duplicates services the child already receives, and is a waste of valuable resources.
8. Clarify whether local coordinating committees are still required by policy.
9. Policy needs to be established, consistent with best practices, guiding interactions, visitation and time-lines for contacts with child and providers during the life of the case.
10. Streamline all "required" policy into one manual, instead of having multiple sources of official policy (for example, Safety, Risk and Needs Assessment).
11. Specific policy statements and requirements for MEPA, IEPA, ICWA should be included in the manual, with more robust procedures for compliance.
12. The policy requiring Trial Home Visits for all children should be re-visited and revised. Trial Home Visits for all children is problematic for several reasons: caseload counts and workload, civil liberties as well as court management. Policy should specify what cases and when Trial Home Visits are, consistent with evidence-based practices, recommended.

Decision Support and Validation Tools

1. Enhance the approach and tools used to develop the Case Plan for both In Home and Placement Cases. Consideration should be given to using an evidence-based tool such as NCFAS for assessing the strengths and needs of the child and family. This tool should be linked to the Case Plan tool which will identify, based upon NCFAS, the child and family's strengths and needs; service goals; specific actions and services essential to achieve the Case Plan Goals; responsibilities of all involved in the case (FCM, Parents, Providers and Informal Supports); and timelines for implementing actions and services and achievement of Goals.
2. Develop a Placement Decision Support Tool, linked to the recommended enhanced Case Plan, that will support workers in identifying the appropriate type and level of placement best aligned with a child's strengths and needs.
3. Develop a Services Decision Support Tool, linked to the recommended enhanced Case Plan, that will assist workers in identifying the appropriate type, level, intensity, frequency and duration of services to meet the child and family's needs.



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4. Develop an inventory of available services and systems of care for workers to have easy access to information on all available options. SMEs indicated that FCMs are not always aware of all services available to them in the
5. Develop a template to assist FCMs in the development of the required Genograms. SMEs stated the importance of this tool; however they felt the FCMs should have more flexibility in the use of Genograms, and also that there is a need for training on the use and purpose of Genograms.
6. Create “How Do I? Guides to support the development of a 1) Case Plan (Permanency Plan and Goal); 2) Making a Placement; and for 3) Case Management
7. Develop a “Life of the Case” Case History report in ICWIS that provides a concise yet thorough picture of the family and child’s involvement with DCS. Such a report would provide FCMs, Supervisors, Directors, purchase of service providers, and those in Central Office with an immediate snapshot of the case, eliminating the need for unnecessary research when questions or issues arise.
8. Clarify “Special Needs Checklist” for children (not homes) – this is identified specifically by name in policy, but ICWIS only contains a list of potential special needs in the bulletin board. If a special need is identified, it is entered into ICWIS for AFCARS purposes.
9. Revise formats of ICWIS model case formats and reports so that workers may print them out instead of using hard copy reports.

Supervisory Review and Quality Assurance

1. Establish stronger supervisory approval process for placement decisions and link the supervisory decision validation tool and activity to the worker’s Decision Support Tools identified above.
2. Require supervisory review of Reassessment of Risk by FCM .
3. Institute supervisory review process for ongoing case management.

Case Transfers

1. Develop standard case transfer packet and handoff meeting when cases are transferred from Investigation to Ongoing Case Management.
2. Develop standard contract language and standard monitoring/compliance guidelines to assist FCMs in monitoring service providers.